PATENT APPLICATION FEE DETERMINATION RECOF									<u>io</u> -	75	862	+7.		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OF	OTHE	R THAN		
ľ	OTAL CLAIM	S	12					RATE	FEE	٦	RATE	FEE -		
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OA	BASIC FE	€ 770.00		
7,	OTAL CHARGE	ABLE CLAIMS	12 minus 20=		*			XS 9=		OR	XS18=	 		
ıN	DEPENDENT (CLAIMS	1 minus 3 =				ŀ	X43=	-		Vac	 		
MULTIPLE DEPENDENT CLAIM PRESENT .							+	-	-	OR				
* If the difference in column 1 is less than zero, enter *0" in column 2								+145=		OR				
								TOTAL	<u> </u>	OR		L		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
MENDMENT A	9-10-04	CLAIMS REMAINING AFTER AMENDMENT	ī	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		FIATE	ADDI- TIONAL FEE		
NON	Total	· 13	Minus	→	90	= /		XS 9=		OR	XS18≈			
AME	Independent	- a	Minus	3		- /		X43=		OR	X86=			
	FIRST PRESI	ENTATION OF M	DETIPLE DE	PENDENT	CLAIM			145=		OR	+290=			
	1215	(Column 1)	(Column 2)			(Column 3)	ADI	TOTAL DIT. FEE		00	TOTAL ADDIT. FEE			
AMENDMENT B	SAA D TO	CLAIMS REMAINING AFTER AMENOMENT	·	HIGHE NUMBI PREVIOL PAID FO	ST A ISLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 14	Minus	• 2i	ر		>	(\$ 9 =		OR	X\$18=			
	Independent	NTATION OF MU	Minus	ENDENT	2 1 1114	-	7	(43=		OR	,X86=			
	THOTTIEDE	TOTAL OF THE	CHI LL OLI	LIVOLIVI	CAIN		1	145=		OR	+290=			
	*					•	ADD	TOTAL IT. FEE		OR A	TOTAL ODIT, FEE			
		(Column 1)		(Column	2)	(Column 3)			•			1		
AMENUMENI C		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total '	•	Minus	•• .		=	X	S 9=		OR	X\$18=			
E L	ndependent		Minus	••• .		•	X	43=		-	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
-11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** ADDIT. FEE OR +290= OR +290= OR ADDIT. FEE													
T	e "Highest Numt	per Previously Paid	For (Total or I	ndependent)	is the h	ighest number to	ni bnuo	the appr	opriate box	in colur	nn 1,			

Application or Docket Number